## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

19818 688

OLAMO 40 PH PD - D4 DP 1							1/2/1/1/0 1999					
CLAIMS AS			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			27				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			27 minus 20=		7			X\$ 9=		OR	X\$18=	126
INDEPENDENT CLAIMS			3 minus 3 = *			2		X40=		OR	, X80=	
MU	LŢIPLĘ DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						ı	TOTAL		OR	TOTAL	836	
CLAIMS AS AMENDED - PART II								l	· · · · · · · · · · · · · · · · · · ·		OTHER	
		(Column 1)	. •	(Colui		(Column 3)	_	SMALL	ENTITY	ÖR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	, ,	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	•	=		X\$ 9=	,	OR	X\$18=	
	Independent	NTATION OF M	Minus	***	C AIM	=		X40=		OR	X80=	
	rinoi ricoc	NIATION OF MI	JLIIPLE DEI	ENDEN	CLAIIVI	<u> </u>	ا ا	+135=		OR	+270=	
The district of the state of th								TOTAL		OR	TOTAL	
								ADDIT. FEE		On.	ADDIT. FEE	
		(Column 1) CLAIMS		(Colui		(Column 3)	ì ,			1 1		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X40=		OR	X80=	
_	ringi Frese	NIATION OF MIC	JETIPLE DEF	EINDEIN	CLANV		' [	+135=		OR	+270=	· · · · · ·
·							L A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	<b>-</b>			X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╹┞	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		l	TOTAL	
		mber Previously Pa mber Previously Pa					" А	DDIT. FEE		OR	ADDIT. FEE	
		ber Previously Pai					r four	nd in the app	ropriate box	in col	umn 1.	